


**Political Organization
Report of Contributions and Expenditures**

OMB No 1545-1696

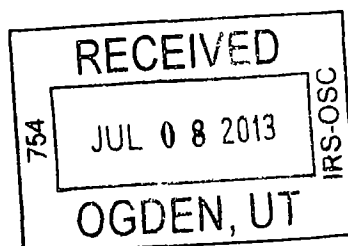
► See Separate instructions.

| | | | | | | | | | | | |
|--|---|--|--|--|---|--|---|---|--|--|--|
| A For the period beginning January 1 , 20 13 and ending July 1 , 20 13 | | | | | | | | | | | |
| B Check applicable boxes <input type="checkbox"/> Initial report <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <input checked="" type="checkbox"/> Final report | | | | | | | | | | | |
| 1 Name of organization Ryan McElveen for School Board | Employer identification number 45-2859405 | | | | | | | | | | |
| 2 Mailing address (P O Box or number, street, and room or suite number) 1807 Hursley Ct. City or town, state, and ZIP code Vienna, VA 22182 | | | | | | | | | | | |
| 3 E-mail address of organization voteryanmc@gmail.com | 4 Date organization was formed 8/4/2011 | | | | | | | | | | |
| 5a Name of custodian of records Ryan McElveen | 5b Custodian's address 1807 Hursley Ct. Vienna, VA 22182 | | | | | | | | | | |
| 6a Name of contact person Ryan McElveen | 6b Contact person's address 1807 Hursley Ct. Vienna, VA 22182 | | | | | | | | | | |
| 7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number N/A City or town, state, and ZIP code N/A | | | | | | | | | | | |
| 8 Type of report (check only one box) <table style="width:100%"><tr><td style="width:50%">a <input type="checkbox"/> First quarterly report (due by April 15)</td><td style="width:50%">f <input type="checkbox"/> Monthly report for the month of _____ (due by the 20th day following the month shown above, except the December report, which is due by January 31)</td></tr><tr><td>b <input type="checkbox"/> Second quarterly report (due by July 15)</td><td>g <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) (1) Type of election _____ (2) Date of election _____ (3) For the state of _____</td></tr><tr><td>c <input type="checkbox"/> Third quarterly report (due by October 15)</td><td>h <input type="checkbox"/> Post-general election report (due by the 30th day after general election) (1) Date of election _____ (2) For the state of _____</td></tr><tr><td>d <input type="checkbox"/> Year-end report (due by January 31)</td><td></td></tr><tr><td>e <input checked="" type="checkbox"/> Mid-year report (Non-election year only-due by July 31)</td><td></td></tr></table> | | a <input type="checkbox"/> First quarterly report (due by April 15) | f <input type="checkbox"/> Monthly report for the month of _____ (due by the 20th day following the month shown above, except the December report, which is due by January 31) | b <input type="checkbox"/> Second quarterly report (due by July 15) | g <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) (1) Type of election _____ (2) Date of election _____ (3) For the state of _____ | c <input type="checkbox"/> Third quarterly report (due by October 15) | h <input type="checkbox"/> Post-general election report (due by the 30th day after general election) (1) Date of election _____ (2) For the state of _____ | d <input type="checkbox"/> Year-end report (due by January 31) | | e <input checked="" type="checkbox"/> Mid-year report (Non-election year only-due by July 31) | |
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| b <input type="checkbox"/> Second quarterly report (due by July 15) | g <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) (1) Type of election _____ (2) Date of election _____ (3) For the state of _____ | | | | | | | | | | |
| c <input type="checkbox"/> Third quarterly report (due by October 15) | h <input type="checkbox"/> Post-general election report (due by the 30th day after general election) (1) Date of election _____ (2) For the state of _____ | | | | | | | | | | |
| d <input type="checkbox"/> Year-end report (due by January 31) | | | | | | | | | | | |
| e <input checked="" type="checkbox"/> Mid-year report (Non-election year only-due by July 31) | | | | | | | | | | | |
| 9 Total amount of reported contributions (total from all attached Schedules A). | 9 0 | | | | | | | | | | |
| 10 Total amount of reported expenditures (total from all attached Schedules B). | 10 0 | | | | | | | | | | |
| Sign Here Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.  Signature of authorized official | Date 7/2/2013 | | | | | | | | | | |

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 30406G

Form **8872** (11-2002)



SCANNED JUN 30 2013

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Schedule A Itemized ContributionsSchedule A page **1** of **1**

Name of organization

Employer identification number**Ryan McElveen for School Board****45-2859405**

| | | |
|---|--|------------------------|
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ 0 |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872 . . . ▶ | | \$ 0 |

| | |
|---|---|
| Schedule B Itemized Expenditures | Schedule B page 1 of 1 |
| Name of organization Ryan McElveen for School Board | Employer identification number 45-2859405 |

| | | |
|--|------------------------------|--------------------------------------|
| Recipient's name, mailing address and ZIP code | Name of recipient's employer | Amount of expenditure \$ 0 |
| | Recipient's occupation | Date of expenditure |

Purpose of expenditure

| | | |
|--|------------------------------|------------------------------------|
| Recipient's name, mailing address and ZIP code | Name of recipient's employer | Amount of expenditure \$ |
| | Recipient's occupation | Date of expenditure |

Purpose of expenditure

| | | |
|--|------------------------------|------------------------------------|
| Recipient's name, mailing address and ZIP code | Name of recipient's employer | Amount of expenditure \$ |
| | Recipient's occupation | Date of expenditure |

Purpose of expenditure

| | | |
|--|------------------------------|------------------------------------|
| Recipient's name, mailing address and ZIP code | Name of recipient's employer | Amount of expenditure \$ |
| | Recipient's occupation | Date of expenditure |

Purpose of expenditure

| | | |
|--|------------------------------|------------------------------------|
| Recipient's name, mailing address and ZIP code | Name of recipient's employer | Amount of expenditure \$ |
| | Recipient's occupation | Date of expenditure |

Purpose of expenditure

| | | |
|--|------------------------------|------------------------------------|
| Recipient's name, mailing address and ZIP code | Name of recipient's employer | Amount of expenditure \$ |
| | Recipient's occupation | Date of expenditure |

Purpose of expenditure

| | |
|---|-------------|
| Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872 | \$ 0 |
|---|-------------|

